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Reviewed by VI, RN 02/12/2018
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**Medication Administration/Medical
Treatment**

I-39

I. PURPOSE

The purpose of this policy is to establish guidelines to promote the health and safety of participants by ensuring the safe assistance and administration of medication and treatments or other necessary procedures.

II. POLICY

ProAct provides medication monitoring and management for participants as needed and requested. ProAct staff members are responsible for meeting health service needs including medication-related services of eligible persons as assigned in the Coordinated Service and Support Plan and/or Coordinated Service and Support Plan Addendum/IHP. These services do not include the prescribing or dispensing of medications. All medications administered at ProAct must have a current order from a physician or qualified professional licensed to prescribe, and this medication order must be renewed annually (within 30 days of the previous period's annual date of review) if it is to be continued. Unlicensed staff members must receive medication administration training by a registered nurse appropriate to their role and function prior to administering medication. Any medication error must be promptly reported and the appropriate remediation specific to the medication will be implemented. As needed and requested, monitoring will be provided for individuals who self-administer medication. If medication monitoring includes physical control of medications self-administered by the participant, a physician's order is required. ProAct will not be responsible for the purchase of medications, pick up of medications from the pharmacy, nor for medication shortages at homes that may occur during times when the participant is not receiving ProAct services. Medications provided to ProAct for administration to participants during the program/work day should be brought or delivered to ProAct by the home. If that is not feasible and the medications must be sent with the participant's transportation, then the securely closed container of medication should be given to the ProAct bus driver, who will deliver it to the Receptionist or Designated Coordinator/Manager. In situations where the transportation provider is not a ProAct employee, the medication should be carried back and forth to the home in a locked container to which the driver does not have a key. The locked container should be given to the Receptionist and passed on to the Designated Coordinator/Manager, who would unlock the container and turn the medication(s) over to the nurse or medication administrator.

Participants will be encouraged to participate in the process of medication administration to the fullest extent of their abilities, unless otherwise noted in the Coordinated Service and Support Plan and/or Coordinated Service and Support Plan Addendum as well as the ISSA/IHP. The following procedures contain information on medication-related services for the administration of medication as well as the assistance staff members may provide to a participant who self-administers their own medication.

ProAct will obtain written authorization from the participant and/or legal representative to administer medications or treatments, including psychotropic medications, prior to the beginning of services. This authorization will remain in effect unless withdrawn in writing; it may be withdrawn at any time. If authorization by the participant and/or legal representative is refused, ProAct will not administer the medication or treatment. This refusal will be immediately reported to the person's prescriber and staff will follow any directives or orders given by the prescriber.

All medications and treatments will be administered according to this policy and procedure and ProAct's medication administration training curriculum.

III. PROCEDURE

Staff training

- A. When medication set up and/or administration has been assigned to ProAct as stated in the *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum* or the *ISSA/IHP*, all staff members who will set up or administer medications to participants will receive training and demonstrate competency as well as reviewing this policy and procedure at least annually.
- B. All unlicensed staff members, prior to the set up and/or administration of medication, must successfully complete a medication set up or medication administration training course developed by a registered nurse, clinical nurse specialist in psychiatric and mental health nursing, certified nurse practitioner, physician's assistant, or physician. The training curriculum must incorporate an observed skill assessment conducted by the trainer to ensure staff members demonstrate the ability to safely and correctly follow medication procedures. The course must be taught by a registered nurse.
- C. Upon completion of this course and prior to the setting up and/or administering medications, staff members will be required to demonstrate medication set up and/or administration established for participants specifically at the program site, if this has not already been completed.
- D. This training will be completed for each staff person prior to administering medications. Staff members who demonstrate a pattern of difficulty with accurate medication administration may be required to complete retraining at a greater frequency and/or be denied the responsibility of administering medications.
- E. Documentation for this training and the demonstrated competency will be maintained in each staff person's personnel file.

Medication set up and contents of the medication administration record

- A. When setting up medication for later administration, staff members will follow written instructions provided from the pharmacy or prescriber. These written instructions from the prescriber can include a prescription label or the prescriber's written or electronically recorded order for the prescription.
- B. Staff members will document the following information in the participant medication administration record:
 1. Date of medication set up.
 2. Name of medication.
 3. Dose.
 4. Time to be administered.
 5. Route of administration at the time of set up.
 6. When the person will be away from the program site, to whom the medication was given.
 7. Initials of the staff member setting up the medication.

- C. Any concerns with medication received will be immediately communicated to the home staff, family or individual served and instructions followed. The Designated Coordinator and/or Designated Manager will be notified of any concerns or discrepancies regarding medication and medication set up.
- D. Additional information that will be maintained in a participant's medication administration record include:
 - 1. Information on the current prescription labels or the prescriber's current written or electronically recorded order or prescription that includes the:
 - a. Participant's name
 - b. Description of the medication or treatment to be provided
 - c. Frequency of administration
 - d. Other information needed to safely and correctly administer medication or treatment to ensure effectiveness
 - 2. Easily accessible information on risks and other side effects that are reasonable to expect and any contraindications to the medications use.
 - 3. Possible consequences if the medication or treatment is not taken or administered as directed.
 - 4. Notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed, whether by staff member error, the person's error, or by the participant's refusal, or of adverse reactions, and when and to whom the report was made.
 - 5. Notation of when a medication is started, administered, changed, or discontinued.

Medication assistance

- A. There may be occasions when ProAct is assigned responsibility solely for medication assistance to enable a participant to self-administer medication or treatments when the person is capable of directing their own care or when the participant's legal representative is present and able to direct care for the person.
- B. If medication assistance is assigned in the *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum* or the *ISSA/IHP*, staff members may:
 - 1. Bring to the participant and open a container of previously set up medications, empty the container into the person's hand, or open and give the medication in the original container to the person under the direction of the person.
 - 2. Bring to the participant food or liquids to accompany the medication.
 - 3. Provide reminders, in person, remotely, or through programming devices such as telephones, alarms, or medication boxes, to take regularly scheduled medication or perform regularly scheduled treatments and exercises.

Medication administration

- A. Medication may be administered within 60 minutes before or after the prescribed time. For example, a medication ordered to be given at 7:00 am may be administered between 6:00 am and 8:00 am.
- B. Staff members administering medication must know or be able to locate medication information on the intended purpose, side effects, dosage, and special instructions.
- D. General and specific procedures on administration of medication by routes are included at the end of this policy. Routes included are:
 - 1. Oral tablet/capsule/lozenge

- 2.Liquid medication
- 3.Buccal medication
- 4.Inhaled medication
- 5.Nasal spray medication
- 6.Eye medication
- 7.Ear drop medication
- 8.Topical medication

Injectable medications

- A. Injectable medications are not administered by staff members at ProAct.
- B. In a health emergency, a staff member who has been trained to use an EpiPen or an insulin FlexPen may do so, providing that there is a current medication order from a physician or qualified health care provider for the participant, and that there is follow up with the appropriate provider.

Psychotropic medication

- A. When a participant is prescribed a psychotropic medication and ProAct is assigned responsibility for the medication administration, the requirements for medication administration will be followed. However, ProAct does not monitor psychotropic medications.

Medication documentation and charting

- A. Staff members will transcribe a prescriber's new, changed, and discontinued medication/treatment orders to the monthly medication sheet (MAR) by:
 1. Comparing the label on the medication with the prescriber's to ensure they match. Any discrepancy must be reported to the home , public health nurse or pharmacy immediately.
 2. Copying any new medication/treatment or change from the original prescriber's orders to the monthly medication sheet.
 3. Implementing any change in a current medication/treatment must be rewritten as a new order; the existing entry may not be changed or edited, but must be "Discontinued."
 4. Entering the medication/treatment name, dose, route, frequency, and times to be administered.
 5. Drawing an arrow to the start date for each assigned time.
 6. Writing the date the medication is to start, the name of the prescriber who ordered the medication, and the initials of the person making the entry, on the line just below the arrows or under the order on a separate line.
 7. Discontinuing a medication/treatment as ordered by writing "D/C" or "Discontinued," the date, the prescriber's name, and the initials of the person making the entry on the line just below the arrow.
 8. Completing any applicable health documentation regarding the entry and notifying the Designated Coordinator and/or Designated Manager.
- B. Staff members will document administration of medications/treatments on the monthly medication sheet by:
 1. Ensuring the participant's name, allergies, and prescriber's name, are on the medication face sheet (R-153A medical).
 2. Ensure the participant's name, month and year are on the MAR as well as all routine medications to be administered at ProAct with the time, dose, and route listed for each

- medication.
3. Completing documentation on the monthly medication (MAR) sheet in black or blue ink.
 4. Ensuring white-out, erasing, or disfigurement, such as scratching out are not used at any time.
- C. Staff members will document a PRN medication or one given from the *Standing Order Medications List* form (R-170 or similar form) by:
1. Writing the medication on the PRN/Standing Order Medication Sheet (R-113B) exactly as it is written on the *Standing Order Medications List*, *if* there are signed physician orders for that medication.
 2. The complete date and time that the medication was administered should be documented, plus the staff member's initials.
 3. Documenting what medication/treatment was administered, the dose, the reason it was given, and the effect in the health documentation one hour after the medication was given.
 4. Following any special instructions noted on the *Standing Order Medications* form or physician's orders, notifying the assigned nurse, nurse consultant, or prescriber as directed.
- D. Each month, staff members administering and documenting medication/treatment administration will enter their initials, full name, and title initials in the designated location on the monthly medication sheet.

Coordination and communication with prescriber

- A. As part of medication set up and administration, the Designated Coordinator and/or Designated Manager will ensure that clear and accurate documentation of prescription orders has been obtained by the prescriber in written format.
- B. Initiations, dosage changes, or discontinuations of medications will be coordinated with the prescriber through home staff or family as appropriate and discussed as needed to ensure staff members and/or the participant has a clear understanding of the order. If the order has only been done verbally, staff will request a written or electronically recorded copy from the prescriber. Staff members will not make any changes to medications or treatment orders unless there is a written or electronically recorded copy.
- C. All prescriber instructions will be implemented as directed and within required timelines by staff members and/or the participant and documented in related health documentation.
- D. Concerns regarding medication purpose, dosage, potential or present side effects, or other medication-related issues will be promptly communicated to the prescriber by staff members, the Designated Coordinator and/or Designated Manager, assigned nurse, or nurse consultant.
- E. Any changes to the physical or mental needs of the person as related to medication will be promptly communicated to the prescriber in addition to the legal representative, case manager, and residential staff when appropriate.

Coordination of medication refills and communicating with the pharmacy

- A. The Designated Coordinator and/or Designated Manager or other designated staff person will be responsible for checking medication supply routinely to ensure adequate amount for administration.

- B. Medications and supplies that have a seven (7) day supply or less will be requested for refill through the residential provider or family by a designated staff person. If a participant is able to reorder medications for themselves as part of self-administration, staff members will provide the level of assistance necessary to ensure accurate reordering. This may include but is not limited to assistance with using a cellphone/telephone, communicating the name, prescription number, or dose, and coordinating a pick up time.
- C. The number of the pharmacy from where medications are supplied will be maintained in each person's medication face sheet (R-153A medical).

Handling changes to prescriptions and implementation of those changes

- A. All written instructions regarding changes to medications and treatments are required to be documented through a prescription label and the prescriber's written or electronically recorded order for the prescription.
- B. Changes made to prescriptions will be immediately communicated to the Designated Coordinator and/or Designated Manager and the assigned nurse or nurse consultant, as applicable.
- C. Any concerns regarding these changes and the order will be resolved prior to administration of the medication to ensure safety and accuracy.
- D. Staff members will implement changes and document appropriately on the monthly medication sheet according to the above procedure in medication documentation and charting.
- E. Discontinued medications or medications that the dosage is no longer accurate due to the changes will be discarded appropriately by returning them to the person's guardian, residential staff or nurse. If this is not possible, the medication will be disposed of in the Department of Public Safety system and documented appropriately in the person's record.

Verification and monitoring of effectiveness of systems to ensure safe medication handling and administration (reporting and reviewing)

- A. The designated person/ProAct's consulting public health nurse will be responsible for reviewing each person's medication administration record to ensure information is current and accurate. This will include a review of the monthly medication sheets, referrals, medication orders, etc.
- B. At a minimum, this review will occur quarterly or more frequently if directed by the person and/or legal representative or the *Coordinated Service and Support Plan* or *Coordinated Service and Support Plan Addendum/IHP*.
- C. The designated person, on appropriate documentation, will also complete their review of medication supply and storage systems.
- D. Written documentation of this review will be completed and will state if:
 - 1. Issues related to the safe and effective use of systems were noted.
 - 2. Concerns are present regarding medication orders, refusal to take or receive medications, or self-administration of medications.

3. Medication is in correct supply and is being stored according to this policy.
 4. Information is current and accurate.
 5. Health care follow up regarding medication and treatment-related orders are being completed.
- E. Based upon this quarterly or more frequent review, the designated person will notify the Designated Coordinator and/or Designated Manager, as needed, of any issues. Collaboratively, a plan must be developed and implemented to correct patterns of medication administration errors or systemic errors when identified. When needed, staff training will be included as part of this plan to correct identified errors.
- F. The following information will be reported to the legal representative and case manager as they occur or as directed by the Coordinated Service and Support Plan or Coordinated Service and Support Plan Addendum/IHP:
1. Concerns about a person's self-administration of medication or treatment.
 2. A person's refusal or failure to take or receive medication or treatment as prescribed.
 3. Any reports as required under the section of this policy, medication set up and contents of the medication administration record, Letter D, number 4 regarding:
 - a. If a dose of medication is not administered or treatment is not performed as prescribed, whether by staff error, the person's error, or by the person's refusal
 - b. Occurrence of possible adverse reactions to the medication or treatment

Medication storage and security

- A. The medication storage area/container will be locked at all times when unattended by staff and will be kept clean, dry, and within the appropriate temperature range.
- B. Medication(s) will not be left unattended or administered by a separate staff member in lieu of the staff member who prepared them for administration, except when a medication is packaged for later administration by a staff member who has been trained by a registered nurse. Annual refresher training for the staff member in that situation must be documented. After administration, the empty medication envelope or container must be initialed by the staff member and returned.
- C. Each participant will have a separate container for his or her internal (oral) medications and a separate container for his or her external (topical, eye drops, etc.) medications. External standing order medications will be in a separate container from internal standing order medications.
- D. Medication will not be kept in the same area as food or chemicals (in the case of refrigerated medications, they will be kept in a locked container and separated from food).
- E. All Schedule II Controlled Substances named in MN Statutes, section 152.02, subdivision 3, will be stored maintained, and disposed of in the following manner:
1. These medications must be stored in a separate locked storage area within the locked medication area. Only staff and participant authorized to administer the medication will have permitted access.
 2. The Designated Coordinator and/or Designated Manager will ensure that all Schedule II Controlled Substances are accounted for at least on a daily basis, or more frequently.

3. Schedule II Controlled Substances as well as other medications needing to be destroyed or disposed of that can't be returned to the parent, guardian or home staff will be taken to the Department of Public Safety for disposal.

IV. GENERAL AND SPECIFIC PROCEDURES ON ADMINISTRATION OF MEDICATION BY ROUTES

A. General procedures completed before administering medication by any route

1. Staff person must begin by washing their hands and assembling equipment necessary for administration.
2. The participant's monthly medication sheet is reviewed to determine what medications are to be administered and staff member then removes the medication from the storage area.
3. Staff member will compare the medication sheet with the label of each medication for the following:
 - a. Right person
 - b. Right medication
 - c. Right date
 - d. Right time
 - e. Right route
 - f. Right dose
 - g. Expiration date
1. If there is a discrepancy, the medication will not be administered. Instructions will be verified by contacting the assigned nurse, nurse consultant, pharmacist, or prescriber.
2. Staff member will compare the label with the medication sheet for the second time.
3. Immediately prior to the administration of any medication or treatment, staff member will identify the participant and will explain to the person what is to be done.
4. Staff member will compare the label with the medication sheet for the third time before administering it, according to the specific procedures below, to the person.
5. After administration, staff member will document the administration of the medication or treatment or the reason for not administering the medication or treatment.
6. Staff member will contact the assigned nurse, nurse consultant, or home staff/caregiver regarding any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed.
7. Adverse reactions will be immediately reported to the assigned nurse, nurse consultant, or home staff/caregiver.

1. Additional procedures for administration of oral tablet/capsule/lozenge

- a. If medications are in a bottle, staff will pour the correct number of tablets or capsules into the lid of the medication container and transfer them to a medication cup.
- b. If medications are in bubble packs, staff will, beginning with the highest number, push the correct dose into a medication cup, and write the date and their initials on the card next to the dose popped out. (ProAct Red Wing: beginning at top left rather than highest number.)
- c. If medication is in lozenge form, staff will unwrap the lozenge and transfer it to a medication cup.
- d. Staff will administer the correct dosage by instructing the person to swallow the medication. If the medication is in lozenge form, staff will instruct the person not to chew or swallow the lozenge so it is

able to dissolve in their mouth.

- e. If the medication is in lozenge form, staff will stay in the vicinity until the lozenge is completely dissolved; checking periodically to ensure the lozenge has not been chewed or swallowed.
- f. **Medication that has previously been packed into a medication envelope for later administration offsite should include a medication cup in the envelope.**
- g. **If the medication is to be swallowed (tablet/capsule), staff will offer at least 4 ounces of a beverage and remain with the person until the medication is swallowed.**

2. Additional procedures for the administration of liquid medications

- a. Staff member will shake the medication if it is a suspension (staff will check the label if in doubt).
- b. Staff member will pour the correct amount of medication, at eye level on a level surface, with the label facing up, into a plastic medication measuring cup or measuring spoon.
- c. Staff member will wipe around the neck of the bottle with a damp paper towel, if sticky, and replace the cap.
- d. Staff member will dilute or dissolve the medication if indicated on the label or medication sheet with the correct amount of fluid.
- e. Staff member will administer the correct dose according to the directions in an appropriate container.
- f. Staff member will remain with the person until the medication is swallowed.

3. Additional procedures for the administration of buccal medication

- a. Buccal medications are usually given in a liquid or dissolving tablet form and administered into the cheek.
- b. Staff member will open the container and measure the correct dose of liquid medication into a syringe or dropper.
- c. Staff member will position the person on their side.
- d. Staff member will administer the medication by squeezing the syringe or dropper into the person's cheek, with gloved hands, avoiding going between the teeth.
- e. Staff member will remain with the person to ensure that the medication has been absorbed into the cheek and that they have not consumed any liquids.

4. Additional procedures for the administration of inhaled medications

- a. If more than 1 inhaled medication is to be given, Staff member will state which one is administered first.
- b. Staff member will position the person sitting, if possible.
- c. Staff member will gently shake the spray container (Diskus style inhalers do not require shaking).
- d. Staff member will assemble the inhaler properly, if required, and remove the cover (Diskus style: staff will slide lever to open inhaler, then cock internal lever to insert dose into mouthpiece).
- e. Staff member will instruct the person to exhale through their mouth completely.
- f. Staff member will place the mouthpiece into the person's open mouth and instruct the person to close their lips around the mouthpiece.
- g. Staff member will press down the canister once, while instructing the person to inhale deeply and slowly through the mouth (Diskus style: staff will instruct the person to inhale the powdered medication).
- h. Staff member will wait 1 minute and repeat steps 5-7, if more than one puff is ordered.
- i. Staff member will instruct the person to rinse their mouth with water if directed.
- j. Staff member will return the medication to the locked area.
- k. Staff member will wash the inhaler mouthpiece daily with soap and warm water and dry it with a clean paper towel (Diskus style: Staff member will wipe the mouthpiece with a clean dry cloth).

5. Additional procedures for the administration of nasal spray medications

- a. Staff member will ask the person to blow their nose or will gently wipe the nose with gloved hands.
- b. Staff member will gently shake the spray container.
- c. Staff member will ask the person to tilt their head slightly forward.
- d. Staff member will remove the cap from the nozzle and will insert the nozzle into one nostril, aiming away from the septum (middle of the nostril).
- e. Holding the other nostril closed, Staff member will instruct the person to inhale and squeeze once to spray.
- f. Staff member will repeat steps 4 and 5 to deliver the correct dosage to the other nostril.
- g. Staff member will rinse the nozzle with warm water, dry it with a clean paper towel, and replace the cap.

6. Additional procedures for the administration of eye medications

- a. Staff member will open the medication container.
- b. Staff member will position the person in a sitting or lying down position.
- c. Staff member will observe the eye(s) for any unusual conditions which should be reported to the nurse or prescriber prior to administration.
- d. Staff member will cleanse the eye (unless otherwise noted) with a clean tissue, gently wiping from the inner corner outward once (if medication is used in both eyes, staff member will use a separate tissue for each eye).
- e. Staff member will assist or ask the person to tilt their head back and look up.
- f. With gloved hands, staff member will pull correct lower eyelid down to form a 'pocket' or ask the person to pull down their lower eyelid and will administer the correct dose (number of drops/strand for ointments) into the correct eye(s).
- g. If different eye medications are prescribed, staff member will wait five (5) minutes before administering the second medication.
- h. Staff member will avoid touching the tip of the dropper or tube to the person's eyelid or any other object or surface and replace the cap.
- i. Staff member will offer the person a tissue for each eye or blot the person's eye with separate tissues.

7. Additional procedures for the administration of ear drop medication

- a. Staff member will have the person sit or lie down with the affected ear up.
- b. If sitting, staff member will have the person tilt head sideways until the ear is as horizontal as possible.
- c. If lying down, staff member will have the person turn their head.
- d. Staff member will observe ears and notify the nurse or prescriber of any unusual condition prior to administration of the medication.
- e. Staff member will administer the correct number of drops, that are at room temperature, into the correct ear by pulling the ear gently backward and upward.
- f. Staff member will have the person remain in the required position for one (1) to two (2) minutes.
- g. Staff member will have the person hold their head upright while holding a tissue against the ear to soak up any excess medication that may drain.
- h. Staff member will repeat the procedure for the other ear if necessary.
- i. Staff member will replace the cap on the container and will avoid touching the tip of the dropper to the person's ear or any other surface.

8. Additional procedures for the administration of topical medications

- a. Staff member will position the person as necessary for administration of the medication.
- b. Staff member will, prior to administering the medication, observe for any unusual conditions of the affected area of the body which should be reported to the nurse or prescriber.
- c. Staff member will wash and dry the affected area unless otherwise indicated.

- d. Staff member will administer medication to the correct area, according to directions, with the appropriate applicator or with gloved hands.
 - e. If the topical is in powder form, staff member will instruct the person to avoid breathing particles in the air that may result from the application.
 - f. If the topical is a transdermal patch, staff member will remove the old patch and select a new patch site (new patch should be applied to clean dry skin which is free of hair, cuts, sores, or irritation on upper torso unless otherwise directed).
 - g. If the topical is a transdermal patch, staff member will unwrap the new patch, sign and date the patch, remove the backing, and apply it to the new patch site.
 - h. Staff member will replace the cap on the container, if needed, avoiding contact with any other surfaces.
9. Staff member will throw away all disposable supplies and place all medications in the locked medication storage area/container prior to leaving the area.
10. Staff member will wash their hands.

This policy and procedure was established in consultation with and approved by:

Name: Cindy Winters

Title: Registered Nurse

Company: STAR Services

Date of consultation and final approval: July 10, 2013

Annually reviewed and/or revised by ProAct's nurse consultant.